STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001131	A. BUILDING: _____ B. WING _____	C 10/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUBBARD HILL ESTATES INC	28070 CR 24 ELKHART, IN 46517

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00209275. Complaint IN00209275 - Unsubstantiated due to lack of evidence. Survey date: October 18, 2016 Facility number: 001131 Provider number: 155754 AIM number: 200823940 Residential Census: 104 Sample: 3 Hubbard Hill Estates was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00209275. QR was completed by 99993 on 10/19/16.	R 000		